

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

LIQUID-CRYSTAL DISPLAY DEVICE

the specification of which

☒ is attached hereto.

☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_

and was amended on \_\_\_\_\_

☐ was described and claimed in PCT International Application No. \_\_\_\_\_

filed on \_\_\_\_\_ and as amended under PCT Article 19 on \_\_\_\_\_

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
Japan	7-350229	December 21, 1995	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Scott C. Harris Reg. No. 32,030; William E. Booth, Reg. No. 28,933; Barry E. Bretschneider, Reg. No. 28,055; John W. Freeman, Reg. No. 29,066; Timothy A. French, Reg. No. 30,175; Alan H. Gordon, Reg. No. 26,168; John F. Land, Reg. No. 29,554; John B. Pegram, Reg. No. 25,198; Rene D. Teglmeyer, Reg. No. 33,567; Hans R. Troesch, Reg. No. 36,950; Dorothy P. Whelan, Reg. No. 33,814; Charles C. Winchester, Reg. No. 21,040.

Address all telephone calls to Scott C. Harris at telephone number 202/783-5070.

Address all correspondence to Scott C. Harris, Fish & Richardson P.C., 601 13th Street NW, Washington, D.C. 20005.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Hongyong ZHANG

Inventor's Signature: Hongyong Zhang Date: December 11, 1996

Residence Address: Kanagawa, Japan

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

Citizen of: Chinese

Post Office Address: Paresu Miyagami 302, 1-10-15, Fukamidai,  
Yamato-shi, Kanagawa-ken 242 Japan

Full Name of Inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full Name of Inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_

Full Name of Inventor: \_\_\_\_\_

Inventor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Citizen of: \_\_\_\_\_

Post Office Address: \_\_\_\_\_